

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

MAY - 1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1411 (0)
1. Corporation Name
ISLA KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**114 PINELLAS BAYWAY
TIERRA VERDE FL 33715
US** **114 PINELLAS BAYWAY
TIERRA VERDE FL 33715
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1984	3a. Date of Last Report 03/29/1994
4. FEI Number 59-2562971	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRISTENSEN, ROBERT W.
RESOURCE PROPERTY MANAGEMENT
114 PINELLAS BAYWAY
TIERRA VERDE FL 33715**

81. Name DOROTHY THOMAS
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Dorothy Thomas*
Signature of stockholder or registered agent and the corporation (the registered agent signature required when replacing)

4/25/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO- FITZPATRICK, JACK	11. TITLE D	11. TITLE D	☐ Change ☐ Addition
NAME 5279 ISLA KEY BLVD., 2-212	12. NAME	12. NAME	
STREET ADDRESS ST. PETERSBURG FL	13. STREET ADDRESS	13. STREET ADDRESS	
CITY, ST, ZIP	14. CITY, ST, ZIP	14. CITY, ST, ZIP	☒ Change ☐ Addition
TITLE VD	21. TITLE	21. TITLE	☒ Change ☐ Addition
NAME LIMA, MIMI	22. NAME	22. NAME	
STREET ADDRESS 5150 ISLA KEY BLVD., 5-412	23. STREET ADDRESS	23. STREET ADDRESS	
CITY, ST, ZIP ST. PETERSBURG FL 33715	24. CITY, ST, ZIP	24. CITY, ST, ZIP	☒ Change ☐ Addition
TITLE D	31. TITLE	31. TITLE	☐ Change ☐ Addition
NAME ABOOD, GUS	32. NAME	32. NAME	
STREET ADDRESS 5201 ISLA KEY BLVD., #403	33. STREET ADDRESS	33. STREET ADDRESS	
CITY, ST, ZIP ST. PETERSBURG FL	34. CITY, ST, ZIP	34. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE TD	41. TITLE	41. TITLE	☐ Change ☐ Addition
NAME CASEY, GEN	42. NAME	42. NAME	
STREET ADDRESS 5155 ISLA KEY BLVD., #403	43. STREET ADDRESS	43. STREET ADDRESS	
CITY, ST, ZIP ST. PETERSBURG FL	44. CITY, ST, ZIP	44. CITY, ST, ZIP	
TITLE SD	51. TITLE	51. TITLE	☐ Change ☐ Addition
NAME HUESTON, ROBERT	52. NAME	52. NAME	
STREET ADDRESS 5277 ISLA KEY BLVD., 3-220	53. STREET ADDRESS	53. STREET ADDRESS	
CITY, ST, ZIP ST. PETERSBURG FL	54. CITY, ST, ZIP	54. CITY, ST, ZIP	
TITLE	61. TITLE	61. TITLE	☐ Change ☐ Addition
NAME	62. NAME	62. NAME	
STREET ADDRESS	63. STREET ADDRESS	63. STREET ADDRESS	
CITY, ST, ZIP	64. CITY, ST, ZIP	64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Hueston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number